[Business Name]

[Address Line 1]
[Phone Number]
[Email/Website]

FEE ESTIMATE

DATE: [DATE]
ESTIMATE #: [000]

Client Details:

[Bride/Client Name]
[Partner Name]
[Phone Number]
[Email Address]

Wedding Event Details:

Date: [Wedding Date]
Venue: [Venue Name]
Location: [City, State]

Service Description	Rate/Type	Amount
Coordination Package (e.g., Full, Partial, Day-of)	[Fixed/Flat]	$0.00
Rehearsal Direction	[Hourly/Flat]	$0.00

Service Description	Rate/Type	Amount
Vendor Management & Communications	[Included]	$0.00
Travel & Accommodation Fees	[Estimate]	$0.00
Assistant Coordinator(s)	[Qty x Rate]	$0.00

Subtotal: $0.00

Tax: $0.00

Estimated Total: $0.00

Terms & Conditions:

This is an estimate only, not a final invoice. Final costs may vary based on actual hours worked or changes in scope. A non-refundable deposit of [00]% is required to secure the date. Full payment is due [00] days prior to the event.